

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.  
101593845-  
FILING DATE  
9-21-6  
APPLICANT(S)

CLAIMS

	CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.	
1							51							
2		1					52							
3		1					53							
4		1					54							
5		2					55		1					
6							56							
7		1					57							
8		3					58							
9		3					59							
10		2					60							
11		2					61							
12		1	①				62							
13		1					63							
14		2					64							
15							65							
16		2					66							
17		2					67							
18		2					68							
19							69							
20		2	2				70							
21							71							
22							72							
23		2					73							
24		1					74							
25							75							
26							76							
27							77							
28							78							
29							79							
30							80							
31							81							
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35							85							
36							86							
37							87							
38							88							
39							89							
40							90							
41							91							
42							92							
43							93							
44							94							
45							95							
46							96							
47							97							
48							98							
49							99							
50							100							
TOTAL IND.	2		↓	→	↓									
TOTAL DEP.	38	←	→	←	→	←		2	↓					
TOTAL CLAIMS	40		→	↑	↑			26	←					